

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 11 1942

Registration District No. 1102

Primary Registration District No. 5870 5868

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Remiscot  
 (b) City or town Peach Orchard-Little River  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution None  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None (Specify whether)  
 In this community 26 days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Remiscot-78  
 (c) City or town RURAL  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8  
 year 1942 hour 9 minute 41 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Don't know  
No Dr in charge  
 Due to \_\_\_\_\_  
Abnormal from birth  
 Due to \_\_\_\_\_

Duration

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death) 158

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 \_\_\_\_\_ (Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

3. (a) PRINT FULL NAME Charles L. Stephenson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Singles

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased December 13 1941  
 (Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Bakerville Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Alvis Stephenson  
 13. Birthplace Shark County, Arkansas  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Ruby S. Smith  
 15. Birthplace Shark County, Arkansas  
 (City, town, or county) (State or foreign country)

16. (a) Informant Alvis Stephenson  
 (b) Address Peach Orchard  
 17. (a) Burial (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
 (Burial, cremation, or removal)  
 (c) Place: burial or cremation Near - Strawberry, ARK

18. (a) Signature of funeral director Paul Sullivan  
 (b) Address Remitt, Mo

19. (a) Jan 9 1942 (b) ms J. R. Cole  
 (Date received local registrar) (Registrar's signature)

3-42-22

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*Not Embalmed*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *J. H. Johnson*

Licensed Embalmer No. *2556*

P. O. Address *Farmville, Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**